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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	:	**Customer No.: 035811**
Examiner	:	
Serial No.	: 10/526,417	
Filed	: March 2, 2005	
Inventors	: Laurent Sandrin	Docket No.: BMA-05-1038
	: Jean-Michel Hasquenoph	
	: Sylvain Yon	Confirmation No.:
Title	: DEVICE AND METHOD FOR MEASURING	
	: ELASTICITY OF A HUMAN OR ANIMAL	
	: ORGAN AND FOR TWO- OR THREE-	
	: DIMENSIONAL REPRESENTATION THEREOF	
		Dated: April 4, 2005

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Commissioner for Patents
P.O. Box 1450
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EXPRESS MAIL CERTIFICATION
37 C.F.R. §1.10

Express Mail Label No.: EV 548523583 US

Date of Deposit: April 4, 2005

Description of Contents: Postcard, Amendment Transmittal Letter, in duplicate, Preliminary Amendment, Replacement Figs. 1, 2 and 7, and English translation of Specification.

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Leslie Hood

(Typed or printed name of person mailing paper or fee)

Julie Hood

(Signature of person mailing paper or fee)

Attorney Docket No.: BDM-05-1038

In re Application of Laurent Sandrin et al.

Serial No.: 10/526,417

Filed: March 2, 2005

For: DEVICE AND METHOD FOR MEASURING ELASTICITY OF A HUMAN OR ANIMAL ORGAN AND FOR TWO- OR THREE-DIMENSIONAL REPRESENTATION THEREOF

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

__ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

__ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE-VIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL	*27	-	**27 =	0	x 25 =	$		x 50 =	$
INDEP.	* 2	-	** 3 =	0	x 100 =	$		x 200 =	$
Application Size Fee						$		x 250 =	$
First Presentation of Multiple Dependent Claim					+ 180 =	$		+ 360 =	$

TOTAL ADDITIONAL FEE $_____ OR $_____

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

__ Please charge my Deposit Account No. 50-2719 in the amount of $_____. A duplicate copy of this sheet is enclosed.

__ A check in the amount of $_____ is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

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